



## GRANT APPLICATION PACKET



# Thousand Island Park Foundation Grant Application Guidelines

## ENSURE YOU SUBMIT A COMPLETE APPLICATION

A complete application should include the following items in the order indicated:

- A. Cover Letter (after completing cover letter submit this to the Foundation board chairperson prior to completing the application for verification that it meets the Foundation's eligibility requirements and policy)
- B. Grant Application
- C. Attachments (as indicated on Grant Application Required Documents page)

Further explanation of each item is provided below and on the following pages.

## A. WRITE A COVER LETTER.

Write a one-page cover letter that includes the following:

- \* Name of the program.
- \* Acknowledge how your organization meets grant eligibility requirements.
- \* Purpose of the program and how it meets your organizations mission and vision. (See TIP below)
- \* A strategic reason for the Foundation to consider the program. How will the intended enhance the TI Park community?
- \* Amount requested.
- \* Time period of the program or project.
- \* Name of the contact person and contact information.

**IMPORTANT:** The letter should be signed by the board president or chairperson and the board secretary, and then submitted to the Foundation board chair to verify it meets the Foundation's grant policy prior to completing the application and providing the required documentation.

## B. COMPLETE THE GRANT APPLICATION (See Page 2)

## C. ATTACH REQUIRED DOCUMENTATION (See Page 3)

### TIP

*Share your passion, your organization's uniqueness and strengths and how you will make a difference through your outcomes.*



## Thousand Island Park Foundation Grant Application

Date of Application: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: \_\_\_\_\_ Current Annual Operating Budget: \$ \_\_\_\_\_

Chairperson: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person/Title (if different from Chairperson): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Project Name which Grant is requested for: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

\_\_\_\_\_

Project Goals: \_\_\_\_\_

\_\_\_\_\_

Beginning and Ending Dates of the Project/Campaign: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. The tax-exempt status of this Organization is still in effect,
2. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting any unlawful purpose.

### Signatures:

Board of Directors Chairperson/President \_\_\_\_\_ Date \_\_\_\_\_

Board Secretary \_\_\_\_\_ Date \_\_\_\_\_

## Thousand Island Park Foundation Grant Application Required Documents

### ATTACHMENTS.

Include the following attachments in the order indicated:

- **Verification of 501(c)(3) tax-exempt status and public charities status.**
  - \*Copies of the definitive IRS determination letters indicating 501(c)(3) tax-exempt status and public charities status under IRC Sec. 509(a) (1) or (2). Attach the NY Attorney General Charities Bureau registration letter and certificate of NYS incorporation.
- **Organizational structure.**
  - \*List of officers and directors.
- **Financial information.**
  - \*Copies of the past 2 years of 990's showing public charities status and public support.
  - \*Copies of the last 2 years CHAR 500.
  - \*Program/Project Budget or Capital Campaign Budget.
  - \*Organization's Current Operating Budget. Itemize all expenses and revenues.
  - \*Grant Request (Project) Budget.  
(Depending upon the request, this could be a subset or the same as the program or operating budget.) See Page 4 for a sample form.
  - \*CPA Prepared Financial Statements if available. Include CPA financial statements for the most recent 2 years if available.
  - \*Please notify us if a professional fundraiser is being used and if so a copy of the professional fundraising agreements that are in place.
- **For capital campaign requests only, also include:**
- **Fundraising Strategy.** Describe your fundraising strategy by donor categories. List other foundation and corporate funders and the amounts committed or requested. Include all public funds and individual contributions supporting the project.
  - \*Board Participation. Specify the amount to be raised from your board.
  - \*Summary of most recent Capital Campaign.
  - \*Outline the campaign goal, amount raised, board contributions, and beginning and ending dates.
- **Letters of support.**
  - \* If you are collaborating with other organizations or have a need that you want to substantiate, you should include letters of support.
- **Organizational information.**
  - \*Annual report or strategic business plan, if available. (Please do not send videos or other unsolicited information.)

### TIP

*Budgets should reflect the financial contributions of other funders and potential funders, with amounts committed, and including public funds, individual contributions, and other sources of income supporting the project or capital campaign.*





## Sample Grant Application Budget Format

(This form is not mandatory as long as a budget with the pertinent information is submitted in a similar format)

REVENUE	Committed Funds	Pending Funds
1. Grants/Contracts/Contributions		
Local Government		
State Government		
Foundations (itemize on separate lines)		
Corporations (itemize on separate lines)		
Individuals		
Other (specify)		
2. Earned Income		
Events		
Publications and Products		
3. Membership Income		
4. In-Kind Support		
5. Other (specify)		
TOTAL REVENUE		
EXPENSE	Amount Requested In This Proposal	Total Project Expenses
Personnel		
Salaries and Wages * (see Example below)		
Payroll Taxes		
Benefits		
Consultants and Professional Fees		
Travel/Professional Development		
Operations		
Rent		
Utilities		
Telecommunications		
Postage/Messenger		
Printing and copying		
Equipment		
Supplies		
Other		
TOTAL EXPENSE		
*(Example) <u>Full-Time Personnel</u> Executive Director ..... \$ _____ Staff Position #1 ..... \$ _____ Staff Position #2 ..... \$ _____ Staff Position #3 ..... \$ _____	<u>Part-Time Personnel</u> Staff Position #4 ..... \$ _____ Staff Position #5 ..... \$ _____ Staff Position #6 ..... \$ _____	
SURPLUS (DEFICIT)		
TOTAL REVENUE		
(TOTAL EXPENSE)		
TOTAL SURPLUS (DEFICIT)		